

AMENDED IN SENATE MAY 31, 2016  
AMENDED IN SENATE APRIL 21, 2016  
AMENDED IN SENATE APRIL 11, 2016  
AMENDED IN SENATE MARCH 31, 2016  
AMENDED IN SENATE MARCH 28, 2016

**SENATE BILL**

**No. 1339**

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**Introduced by Senator Monning**

February 19, 2016

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An act to amend Section 11102 of, to add Section 10003 to, and to repeal Sections 11053 and 11053.2 of, the Welfare and Institutions Code, relating to public social services.

LEGISLATIVE COUNSEL'S DIGEST

SB 1339, as amended, Monning. Public social services: intercounty transfers.

Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the Temporary Assistance for Needy Families (TANF) program, each county provides cash assistance and other benefits to qualified low-income families.

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income persons are provided with health care services.

Existing law establishes a statewide program to enable eligible low-income persons to receive food stamps under the federal Supplemental Nutrition Assistance Program (SNAP), known in

California as CalFresh. Existing law requires counties to implement the program, including determining eligibility and distributing CalFresh benefits. Existing law requires the State Department of Social Services to establish and implement a process of intercounty transfer of eligibility for CalFresh benefits, and to take various regulatory actions.

Existing law requires the county where an applicant of a public assistance program lives to be responsible for paying for the aid and requires transfer of the responsibility to pay, when that person moves to another county, to the 2nd county as soon as administratively possible, but not later than the first day of the month following 30 days after notification to the 2nd county.

This bill would instead require the responsibility for payment of aid to transfer to the 2nd county as soon as administratively possible and within 30 days after either county becomes aware of the aid recipient's move.

Under existing law, a recipient of aid who is changing residence from one county to another within the state is required to notify the county paying aid to the recipient of the move, and to apply for a redetermination of eligibility within the new county of residence. Existing law imposes various requirements on the relevant counties, including requiring the county to which the recipient has moved to determine the recipient's continued eligibility for payment of aid and, to the extent possible, the recipient's eligibility for the Medi-Cal program.

This bill would delete those provisions relating to the notice and redetermination of aid procedures for when a recipient of aid changes residence from one county to another within the state, including the procedures for intercounty transfer of CalFresh benefits. The bill would instead require the recipient to notify either the county from which he or she moves or the county to which he or she moves of the change of residence, and as soon as either county is aware of the move, would require that county to initiate an intercounty transfer for specified public social service benefits, which shall be transferred within 30 days after the county becomes aware of the recipient's move. The bill would prohibit, to the extent permitted by federal law and regulation, the new county of residence from interviewing recipients from another county to determine continued eligibility for the CalWORKs or CalFresh programs until the next scheduled recertification or redetermination, and would require case file documents to be shared electronically between the prior county of residence and the new county of residence.

For a beneficiary required to receive services through a Medi-Cal managed care health plan, who moves to another county, but is still enrolled in the managed care health plan in the county from which he or she moved and needs services in the new county, the bill would require ~~the beneficiary, upon request, to be disenrolled~~ *Medi-Cal Managed Care Ombudsman to, upon request by either county, disenroll the beneficiary* as an expedited disenrollment from his or her managed care health ~~plan and to be plan. The bill would provide that the beneficiary is~~ entitled to the full scope of benefits for which he or she is entitled to in the new county through the fee-for-services delivery system until he or she is enrolled in a Medi-Cal managed care health plan in the new county. Because this bill would impose additional duties on counties with regard to the provision of aid, this bill would impose a state-mandated local program.

Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program.

This bill would instead provide that the continuous appropriation would not be made for purposes of implementing the bill.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 10003 is added to the Welfare and
- 2 Institutions Code, to read:
- 3 10003. (a) It shall be the responsibility of a recipient changing
- 4 residence from one county to another to promptly notify either the
- 5 county from which he or she moves or the county to which he or
- 6 she moves of the change of residence. Recipients of CalWORKs,
- 7 CalFresh, or Medi-Cal shall have the right to report a change of
- 8 residence in person, in writing, telephonically, or, if the technology
- 9 is available, electronically online and shall be advised of this right
- 10 at the time of application and redetermination or recertification.

1 If a recipient moves from one county to another county, as soon  
2 as either county is aware of the move, that county shall initiate an  
3 intercounty transfer for all benefits under this division that the  
4 recipient is receiving. Benefits for all programs for which the  
5 recipient is eligible shall be transferred within 30 days after any  
6 county becomes aware of the recipient's move in order to effectuate  
7 the earliest possible start date.

8 (b) To the greatest extent possible, the intercounty transfer  
9 process shall be simple and client friendly and minimize workload  
10 for county eligibility operations. The process shall ensure the  
11 applicant or recipient does not need to provide copies of documents  
12 that were previously provided to the prior county of residence, and  
13 there is no interruption in benefits.

14 (c) Case file documents shall be electronically shared between  
15 the prior county of residence and the new county of residence, to  
16 the extent possible, as specified by the relevant state departments.

17 (d) To the extent permitted by federal law and regulation, the  
18 new county of residence shall not interview recipients moving to  
19 that county from another county to determine continued eligibility  
20 for CalWORKs or CalFresh until the next scheduled recertification  
21 pursuant to Section 18910.1 or redetermination pursuant to Section  
22 11265.

23 (e) For beneficiaries required to receive services through a  
24 Medi-Cal managed care health plan, the following shall apply:

25 (1) If the beneficiary moves to another county and is still  
26 enrolled in a managed care health plan in the county from which  
27 he or she moved and needs services in the new county, the  
28 ~~beneficiary shall, upon request to the Medi-Cal Managed Care~~  
29 ~~Ombudsman, be disenrolled~~ *Medi-Cal Managed Care Ombudsman*  
30 *shall, upon request by either county, disenroll the beneficiary as*  
31 *an expedited disenrollment from his or her managed care health*  
32 *plan effective the next business day after the request is made.* ~~A~~  
33 ~~beneficiary may request an expedited disenrollment by telephone,~~  
34 ~~in person, or electronically online. The request shall be available~~  
35 ~~for submission by the beneficiary electronically online to reduce~~  
36 ~~administrative costs and increase access to medical services for~~  
37 ~~Medi-Cal beneficiaries.~~

38 (2) A beneficiary who is disenrolled from the managed care  
39 health plan in the county from which he or she moved pursuant to  
40 paragraph (1) shall be entitled to the full scope of benefits for

1 which he or she is entitled to in the new county through the  
2 fee-for-services delivery system until he or she is enrolled in a  
3 managed care health plan in the new county.

4 (3) If the beneficiary moves to a county that provides Medi-Cal  
5 services through a county organized health system, the beneficiary  
6 shall be enrolled in that county organized health system plan on  
7 the first day of the month the new county of residence assumes  
8 responsibility for that beneficiary. If a beneficiary moves to a  
9 county without a county organized health system, the usual health  
10 plan choice process shall apply.

11 (f) Failure to report a move to a different county within the state  
12 in itself shall not constitute a basis for an overpayment.

13 SEC. 2. Section 11053 of the Welfare and Institutions Code is  
14 repealed.

15 SEC. 3. Section 11053.2 of the Welfare and Institutions Code  
16 is repealed.

17 SEC. 4. Section 11102 of the Welfare and Institutions Code is  
18 amended to read:

19 11102. (a) County residence is not a qualification for aid under  
20 any public assistance program.

21 (b) County responsibility for making aid payments is determined  
22 as follows:

23 (1) The county where the applicant lives shall accept the  
24 application and shall be responsible for paying the aid.

25 (2) Responsibility for payment of aid to a person qualifying for  
26 and receiving aid from a county, who moves to another county in  
27 this state to make his or her home, shall be transferred to the second  
28 county as soon as administratively possible and within 30 days  
29 after either county becomes aware of the aid recipient's move.

30 (c) For purposes of public assistance, the county where an  
31 applicant or recipient lives is determined as follows:

32 (1) For a patient in a state hospital or institution, voluntary,  
33 nonprofit, or proprietary facility, or other public or private  
34 institution, the county where he or she was admitted.

35 (2) For a person who has had to leave the county where he or  
36 she normally lives, solely for the purpose of securing care not  
37 otherwise available to him or her in a medical facility, the county  
38 where he or she last maintained a living arrangement outside a  
39 medical facility.

(3) For a person who, on or after July 1, 1969, has been released or discharged from a state hospital, for a period not to exceed three years from the date of that release, the county where he or she was admitted to the hospital.

(4) For a person who, prior to July 1, 1969, has been released on leave of absence from a state hospital, the county where he or she was admitted.

SEC. 5. No appropriation pursuant to Section 15200 of the Welfare and Institutions Code shall be made for purposes of implementing this act.

SEC. 6. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.